



CONSOLIDATED MANUFACTURING ENTERPRISES, INC.

P. O. BOX 187 • 2556 South Street
Wheatland, WY 82201

Phone: 307.322.1803 • Fax: 307.322.1804
www.cmewy.com

APPLICATION FOR EMPLOYMENT

Consolidated Manufacturing Enterprises, Inc. is an Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____ Date: _____ / _____ / _____
LAST FIRST MIDDLE INITIAL MONTH DAY YEAR

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____
MONTH DAY YEAR

Home Address: _____
ADDRESS CITY STATE - ZIP CODE

Mailing Address: _____
ADDRESS CITY STATE - ZIP CODE

Home Phone: _____ - _____ - _____ Other Phone: _____ - _____ - _____

Can you prove your U.S. Citizenship? Yes No
CIRCLE ONE

If not a U.S. Citizen, give Visa No. # _____ and Expiration Date: _____

Have you ever been convicted of a felony? Yes No
CIRCLE ONE

If yes, Explain: _____

Position You Are Applying For: _____ Department: _____

Requested Rate of Pay: \$ _____ per _____ Referred by: _____

Date you can Start: _____ / _____ / _____ Title: _____

EDUCATION RECORD

High School: _____ Graduation Date: ____ / ____
NAME MONTH YEAR

School Address: _____
ADDRESS CITY STATE – ZIP CODE

Business of Technical School: _____ Graduation Date: ____ / ____
NAME MONTH YEAR

School Address: _____
ADDRESS CITY STATE – ZIP CODE

Dates Attended: ____ / ____ to ____ / ____ Degree Earned: _____
MONTH YEAR MONTH YEAR

Undergraduate College: _____ Graduation Date: ____ / ____
NAME MONTH YEAR

School Address: _____
ADDRESS CITY STATE – ZIP CODE

Dates Attended: ____ / ____ to ____ / ____ Degree Earned: _____
MONTH YEAR MONTH YEAR

Graduate College: _____ Graduation Date: ____ / ____
NAME MONTH YEAR

School Address: _____
ADDRESS CITY STATE – ZIP CODE

Dates Attended: ____ / ____ to ____ / ____ Degree Earned: _____
MONTH YEAR MONTH YEAR

Military Service: Yes No **Active Duty Reserves:** Yes No
CIRCLE ONE CIRCLE ONE

Relevant Training or Certifications and Additional Information: _____

WORK HISTORY

GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT

Employer: _____ **Dates Employed:** _____ / _____ to _____ / _____
NAME MONTH YEAR MONTH YEAR

Address: _____
ADDRESS CITY STATE – ZIP CODE

Supervisor's Name: _____ **Phone Number:** _____ - _____ - _____
Title: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties: _____

Reason for Leaving: _____

Employer: _____ **Dates Employed:** _____ / _____ to _____ / _____
NAME MONTH YEAR MONTH YEAR

Address: _____
ADDRESS CITY STATE – ZIP CODE

Supervisor's Name: _____ **Phone Number:** _____ - _____ - _____
Title: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties: _____

Reason for Leaving: _____

Employer: _____ **Dates Employed:** _____ / _____ to _____ / _____
NAME MONTH YEAR MONTH YEAR

Address: _____
ADDRESS CITY STATE – ZIP CODE

Supervisor's Name: _____ **Phone Number:** _____ - _____ - _____
Title: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties: _____

Reason for Leaving: _____

BUSINESS REFERENCES

IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES

Name: _____ **Years known:** _____

Home Phone: _____ - _____ - _____ **Work Phone:** _____ - _____ - _____

Address: _____
ADDRESS CITY STATE – ZIP CODE

Relationship to you: _____

Name: _____ **Years known:** _____

Home Phone: _____ - _____ - _____ **Work Phone:** _____ - _____ - _____

Address: _____
ADDRESS CITY STATE – ZIP CODE

Relationship to you: _____

Name: _____ **Years known:** _____

Home Phone: _____ - _____ - _____ **Work Phone:** _____ - _____ - _____

Address: _____
ADDRESS CITY STATE – ZIP CODE

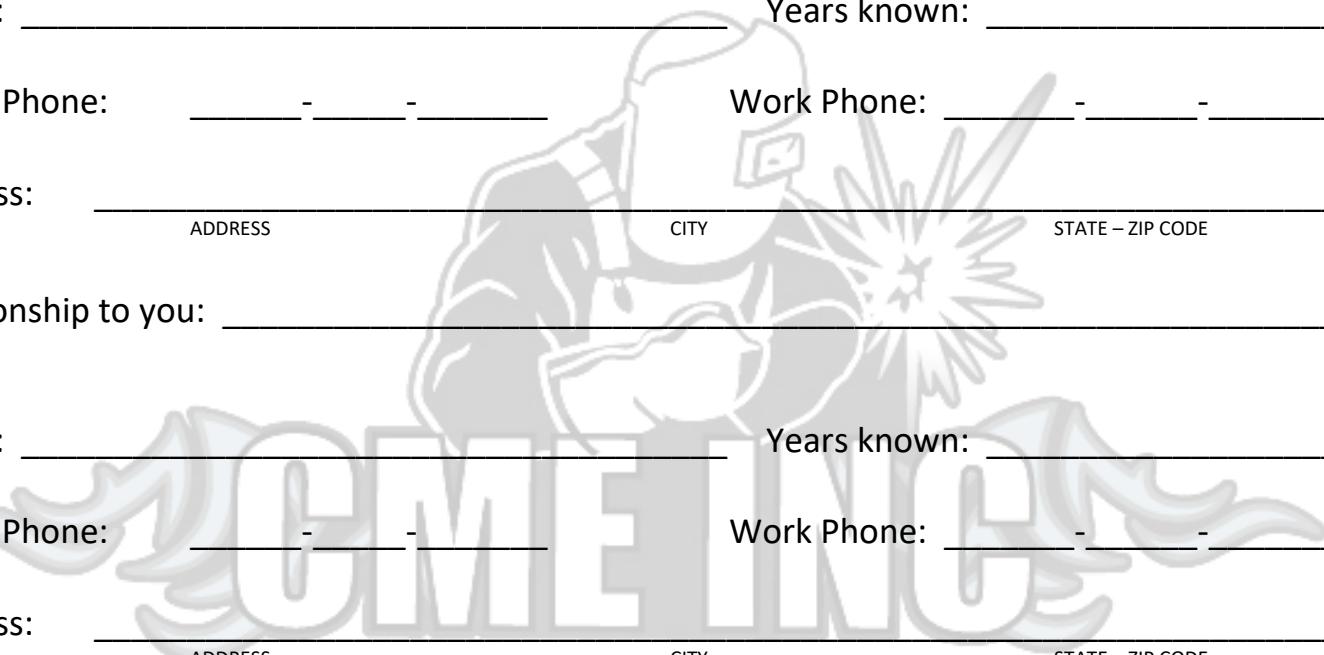
Relationship to you: _____

Name: _____ **Years known:** _____

Home Phone: _____ - _____ - _____ **Work Phone:** _____ - _____ - _____

Address: _____
ADDRESS CITY STATE – ZIP CODE

Relationship to you: _____



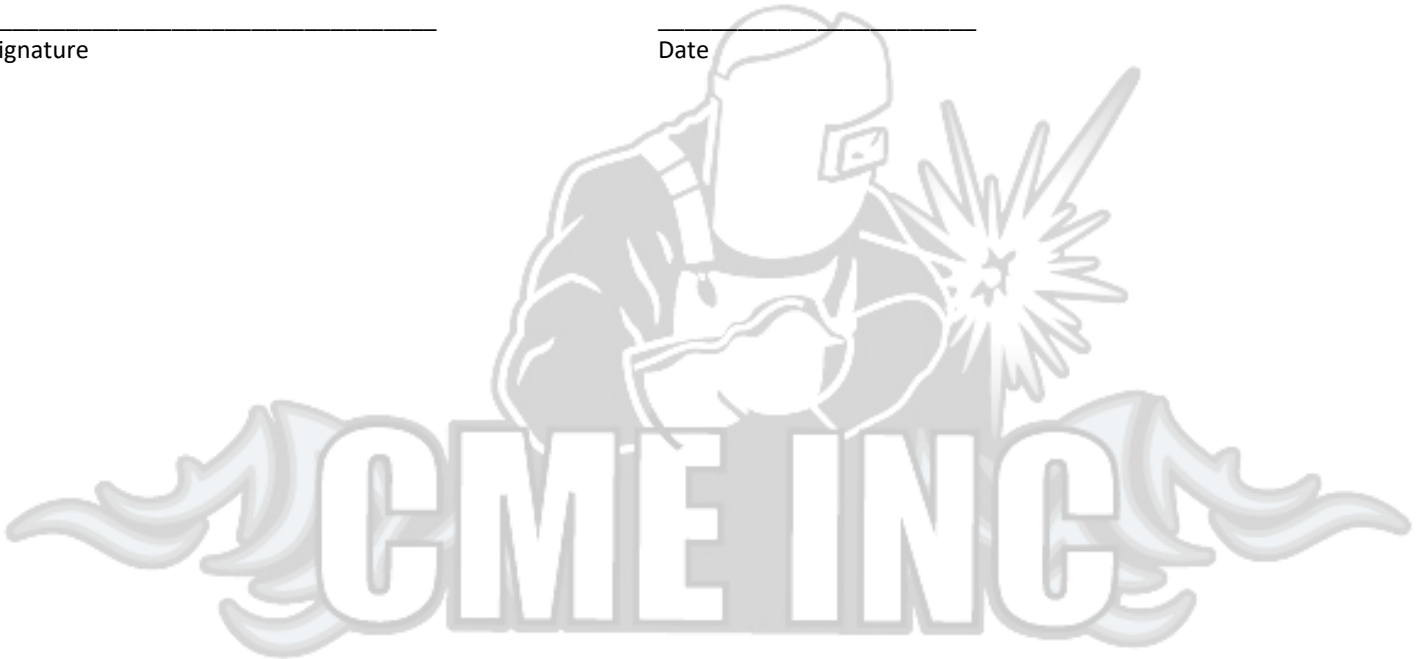
PLEASE READ AND SIGN

Please be advised, that any and all information provided to Consolidated Manufacturing Enterprises, Inc., becomes the property of Consolidated Manufacturing Enterprises, Inc. This information will be used to evaluate your eligibility for employment with us, for record keeping purposes should you become employed by us, and as a reference document. Please note that Consolidated Manufacturing Enterprises, Inc., holds honesty and effort above all other principles of business. Failure to provide true or accurate information on this application for employment will be considered sufficient grounds for denial of employment or termination of employment. If employed, you understand that this is employment is on an at-will basis, and can be terminated by yourself or Consolidated Manufacturing Enterprises, Inc. at any time, with or without explanation. Due to the dangerous nature of our operation, substance abuse will not be considered acceptable. By signing this application for employment, you agree to submit to a pre-employment drug screening (if requested by Consolidated Manufacturing Enterprises Inc.) and periodic drug screenings as Consolidated Manufacturing Enterprises, Inc. may deem appropriate.

Your wage/salary will be determined at your time of hire. Any promises not delivered in writing and signed by the ownership of Consolidated Manufacturing Enterprises, Inc. shall not be considered valid.

Signature

Date



OFFICE USE ONLY

RECEIVED BY: _____

ON: ____ / ____ / _____

INTERVIEWED: PHONE IN-PERSON

INTERNET VIDEO

BY: _____ ON: ____ / ____ / ____

HIRED: YES NO

POSITION: _____

START DATE: ____ / ____ / ____